			SOCIAL SECURIT	ITNUMBER					
JENNIFER I. CLAIMANT			123-45-6789					0	
BYE	PROCESS DATE	LWP	В	ALANCE	WBA	EXT	BATCH	PR	
36-6			12,		496	R	3822	1	
	– Employment Security	y Department	,			- 10	3022		
	IT INSURANCE CLA			ADDR CHANGE		_ OUT-OF	-AREA? L	ATE?	
Please print your name an We cannot process your			ove.	IMPORTANT:	If your name, incorrect, pleas			number	
				Name					
If your name, address or	telephone numb	er has ch	anged (\$P	Address					
since your last contact wi				Address					
here.				City:		State Zip			
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ANSWER ALL	Lam claiming upo	mployment has	nofite for the ea	londor	0 1-	7 25	0 21	A	
	week(s) ending midnight Saturday THE DATES ARE:				9-1	1-05	9-29	1-05	
QUESTIONS BELOW				YES	NO	YES	N		
1. Were you physically able and available for work each day? (If No, complete "A" below.)					X		X	0	
2. Did you make an active search for work each week as directed? (If No, complete "A" below.)					X		X		
3. Did you refuse any offer of work or fail to go for a scheduled job interview? (If Yes, complete "A" below.)						X		3	
4. Have you applied for or did you receive workers or crime victim's compensation?					×				
5. Have you applied for or did you have a change in pension? (If Yes, complete "B " below.)					×				
6. Did you receive holiday pay? (If Yes, enter gross amount of pay before deductions and complete "C" below.)				<b>"</b> \$	X	<b>    \$</b>			
7. Did you receive vacation pay? (If Yes, enter gross amount of pay before deductions and complete "D" below.)				<b></b>	X	<b>S</b>	3		
8. Did you receive pay in lieu of notice or termination pay? (If Yes, enter gross amount of pay before deductions and complete "E" below.)					1	/ ¬ ¬	)		
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#### **Instructions**

#### UNEMPLOYMENT INSURANCE CLAIM FORM

# When using this form to claim your weekly benefits:

## Please print your:

- · Name, and
- Social Security Number

at the top of the form.

### If your:

- · Name
- · Address, or
- Telephone number

has changed since you last claimed your weekly benefits, please print your new name, address, and/or telephone number in the box marked "IMPORTANT".

Enter the week ending date(s) you are claiming (must be a Saturday date).

Answer all the questions on the form for each week you are claiming, and

Sign the form and return it to:

Employment Security Department Centralized Claims Processing Unit PO Box 9555 Olympia, WA 98507-9555

## Or FAX it to:

(360) 902-9558 (From Olympia local calling area) 1-877-280-6224 (From all other areas) This is a toll-free fax number.

You must enter 1-877 before entering 280-6224